

CLAIMS ONLY						Application Number 09/807,541		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51	/			
2		/					52	/			
3	X						53				
4							54	/			
5	X						55				
6							56	X			
7							57	/			
8		/					58	/			
9		/					59	/			
10		/					60	/			
11	/						61	/			
12		/					62	/			
13		/					63	/			
14		/					64				
15	/						65				
16		/					66	X			
17		/					67	/			
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74	/			
25		/					75	/			
26		/					76	/			
27		/					77	/			
28		/					78				
29		/					79				
30		/					80				
31		/					81				
32		/					82				
33		/					83				
34	/						84				
35	X						85				
36							86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	8						Total Indep				
Total Depend	53	←	←	←			Total Depend	←	←	←	
Total Claims	61						Total Claims				